

		FOR OHF USE					

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
 THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
 PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
 OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
 ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
 RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
 HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: <u>0041285</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																
Facility Name: <u>Meadowbrook Manor-Naperville</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/03</u> to <u>12/31/03</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.																
Address: <u>720 Raymond Drive</u> <u>Naperville</u> <u>60563</u> Number City Zip Code		Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																
County: <u>DuPage</u>																		
Telephone Number: <u>(630) 355-0220</u> Fax # <u>(630) 717-5180</u>																		
IDPA ID Number: <u>363782227001</u>																		
Date of Initial License for Current Owners: <u>02/09/96</u>																		
Type of Ownership:																		
<input type="checkbox"/> VOLUNTARY, NON-PROFIT																		
<input type="checkbox"/> Charitable Corp.																		
<input type="checkbox"/> Trust																		
IRS Exemption Code _____																		
<input type="checkbox"/> PROPRIETARY																		
<input type="checkbox"/> Individual																		
<input type="checkbox"/> Partnership																		
<input type="checkbox"/> Corporation																		
<input checked="" type="checkbox"/> "Sub-S" Corp.																		
<input type="checkbox"/> Limited Liability Co.																		
<input type="checkbox"/> Trust																		
<input type="checkbox"/> Other _____																		
GOVERNMENTAL																		
<input type="checkbox"/> State																		
<input type="checkbox"/> County																		
<input type="checkbox"/> Other _____																		
In the event there are further questions about this report, please contact: Name: <u>Larry Templin</u> Telephone Number: <u>630-759-1112</u> Please send copies of desk review and audit adjustments to address on this page		<table border="1"> <tr> <td rowspan="2"> Officer or Administrator of Provider </td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td rowspan="2"> Paid Preparer </td> <td>(Type or Print Name) <u>Robert Jafari</u></td> </tr> <tr> <td>(Title) <u>Chief Executive Officer</u></td> </tr> <tr> <td rowspan="4"> SEE ACCOUNTANTS' COMPILATION REPORT </td> <td>(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u></td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> </tr> <tr> <td>(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u></td> </tr> <tr> <td colspan="2"> (Telephone) <u>312-634-3400</u> Fax # <u>312-634-5518</u> </td> </tr> <tr> <td colspan="2"> MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </td> </tr> </table>		Officer or Administrator of Provider	(Signed) _____	(Date) _____	Paid Preparer	(Type or Print Name) <u>Robert Jafari</u>	(Title) <u>Chief Executive Officer</u>	SEE ACCOUNTANTS' COMPILATION REPORT	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u>	(Telephone) <u>312-634-3400</u> Fax # <u>312-634-5518</u>		MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	
Officer or Administrator of Provider	(Signed) _____																	
	(Date) _____																	
Paid Preparer	(Type or Print Name) <u>Robert Jafari</u>																	
	(Title) <u>Chief Executive Officer</u>																	
SEE ACCOUNTANTS' COMPILATION REPORT	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>																	
	(Date) _____																	
	(Print Name and Title) _____																	
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SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Meadowbrook Manor-Naperville# 0041285 Report Period Beginning: 01/01/03 Ending: 12/31/03

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>245</u>	Skilled (SNF)	<u>245</u>	<u>89,425</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>245</u>	TOTALS	<u>245</u>	<u>89,425</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>47,555</u>	<u>14,369</u>	<u>7,943</u>	<u>69,867</u>	8
9	SNF/PED					9
10	ICF	<u>2,217</u>			<u>2,217</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>49,772</u>	<u>14,369</u>	<u>7,943</u>	<u>72,084</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 80.61%

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒NO ☐Non-allowable costs have been
eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 02/09/96

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 02/09/96NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 43and days of care provided 7,316Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/03Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Meadowbrook Manor-Naperville # 0041285 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	371,394	56,014	10,950	438,358		438,358		438,358		1
2	Food Purchase		370,823		370,823		370,823	(4,004)	366,819		2
3	Housekeeping	223,101	39,396		262,497		262,497		262,497		3
4	Laundry	64,470	40,095		104,565		104,565		104,565		4
5	Heat and Other Utilities			215,428	215,428		215,428		215,428		5
6	Maintenance	63,970	13,822	91,564	169,356		169,356		169,356		6
7	Other (specify):*										7
8	TOTAL General Services	722,935	520,150	317,942	1,561,027		1,561,027	(4,004)	1,557,023		8
	B. Health Care and Programs										
9	Medical Director			35,000	35,000		35,000		35,000		9
10	Nursing and Medical Records	3,427,656	268,446	52,332	3,748,434		3,748,434		3,748,434		10
10a	Therapy		1,692	701,467	703,159		703,159		703,159		10a
11	Activities	92,544	17,511	2,592	112,647		112,647		112,647		11
12	Social Services	84,891		910	85,801		85,801		85,801		12
13	Nurse Aide Training			4,680	4,680		4,680		4,680		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,605,091	287,649	796,981	4,689,721		4,689,721		4,689,721		16
	C. General Administration										
17	Administrative	240,818		132,751	373,569		373,569	(132,751)	240,818		17
18	Directors Fees										18
19	Professional Services			175,757	175,757		175,757	25,253	201,010		19
20	Dues, Fees, Subscriptions & Promotions			72,835	72,835		72,835	(43,440)	29,395		20
21	Clerical & General Office Expenses	262,232	25,070	29,583	316,885		316,885	(826)	316,059		21
22	Employee Benefits & Payroll Taxes			694,091	694,091		694,091	51,646	745,737		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,265	2,265		2,265	2,029	4,294		24
25	Other Admin. Staff Transportation			648	648		648	782	1,430		25
26	Insurance-Prop.Liab.Malpractice			201,435	201,435		201,435	27,883	229,318		26
27	Other (specify):*										27
28	TOTAL General Administration	503,050	25,070	1,309,365	1,837,485		1,837,485	(69,424)	1,768,061		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,831,076	832,869	2,424,288	8,088,233		8,088,233	(73,428)	8,014,805		29

* Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

** See schedule of adjustment attached at end of cost report.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			36,666	36,666		36,666	342,081	378,747			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			68,986	68,986		68,986	852,798	921,784			32
33	Real Estate Taxes							232,268	232,268			33
34	Rent-Facility & Grounds			2,583,700	2,583,700		2,583,700	(2,583,482)	218			34
35	Rent-Equipment & Vehicles			3,017	3,017		3,017		3,017			35
36	Other (specify):* Mortgage Insurance							98,586	98,586			36
37	TOTAL Ownership			2,692,369	2,692,369		2,692,369	(1,057,749)	1,634,620			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		297,609		297,609		297,609		297,609			39
40	Barber and Beauty Shops			25,248	25,248		25,248		25,248			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			134,138	134,138		134,138		134,138			42
43	Other (specify):* Nonallowable Costs	12,255		205,274	217,529		217,529	(217,529)				43
44	TOTAL Special Cost Centers	12,255	297,609	364,660	674,524		674,524	(217,529)	456,995			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,843,331	1,130,478	5,481,317	11,455,126		11,455,126	(1,348,706)	10,106,420			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning: 01/01/03

Ending: 12/31/03

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(4,004)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(1,686)	30		9
10	Interest and Other Investment Income	(5,135)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(701)	43		13
14	Non-Care Related Interest	(30,475)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(99)	43		16
17	Non-Care Related Fees	(3,674)	20		17
18	Fines and Penalties				18
19	Entertainment	(13,762)	43		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,745)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(168,646)	43		24
25	Fund Raising, Advertising and Promotional	(24,805)	43		25
26	Income Taxes and Illinois Personal				26
27	Property Replacement Tax				27
28	Nurse Aide Training for Non-Employees				28
29	Yellow Page Advertising	(40,466)	20		29
30	Other-Attach Schedule See Attached Sch 5A	(192,157)			30
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (488,355)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(860,351)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (860,351)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (1,348,706)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Meadowbrook Manor-Naperville

ID# 0041285

Report Period Beginning: 01/01/03

Ending: 12/31/03

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

See Accountants' Compilation Report

Butterfield Health Care II, Inc.
D/B/A Meadowbrook Manor-Naperville
Provider #0041285
12/31/2003

Schedule 5A

VI. Adjustment Detail
Non-Allowable Expenses
Line 29 - Other

Description	Amount	Schedule V Reference
Loss on Refinancing of Loan	(180,585)	43
Physician Fees	(413)	43
Miscellaneous Income Offset	(2,003)	21
Radiology	(5,120)	43
Laboratory	(4,036)	43
	<u>(192,157)</u>	

See Accountants' Compilation Report

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning:

01/01/03

Ending:

12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(4,004)	0	0	0	0	0	0	0	0	0	0	(4,004)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(4,004)	0	0	0	0	0	0	0	0	0	0	(4,004)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	(132,751)	0	0	0	0	0	0	0	(132,751)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,745)	0	24,772	3,226	0	0	0	0	0	0	0	25,253	19
20	Fees, Subscriptions & Promotions	(44,140)	0	600	100	0	0	0	0	0	0	0	(43,440)	20
21	Clerical & General Office Expenses	0	0	0	1,177	0	0	0	0	0	0	0	1,177	21
22	Employee Benefits & Payroll Taxes	0	0	0	51,646	0	0	0	0	0	0	0	51,646	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	2,029	0	0	0	0	0	0	0	2,029	24
25	Other Admin. Staff Transportation	0	0	0	782	0	0	0	0	0	0	0	782	25
26	Insurance-Prop.Liab.Malpractice	0	0	27,883	0	0	0	0	0	0	0	0	27,883	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(46,885)	0	53,255	(73,791)	0	0	0	0	0	0	0	(67,421)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(50,889)	0	53,255	(73,791)	0	0	0	0	0	0	0	(71,425)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning:

01/01/03

Ending:

12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(1,686)	0	343,121	646	0	0	0	0	0	0	0	342,081	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(35,610)	0	888,408	0	0	0	0	0	0	0	0	852,798	32
33	Real Estate Taxes	0	0	232,268	0	0	0	0	0	0	0	0	232,268	33
34	Rent-Facility & Grounds	0	0	(2,583,700)	218	0	0	0	0	0	0	0	(2,583,482)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	98,586	0	0	0	0	0	0	0	0	98,586	36
37	TOTAL Ownership	(37,296)	0	(1,021,317)	864	0	0	0	0	0	0	0	(1,057,749)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(208,013)	0	180,585	53	0	0	0	0	0	0	0	(27,375)	43
44	TOTAL Special Cost Centers	(208,013)	0	180,585	53	0	0	0	0	0	0	0	(27,375)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(296,198)	0	(787,477)	(72,874)	0	0	0	0	0	0	0	(1,156,549)	45

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning:

01/01/03

Ending:

12/31/03

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		Butterfield Health Care, Inc. d/b/a	Bolingbrook	J&D Partners, L.P.	Bolingbrook	Lessor
		Meadowbrook Manor		MMN Partners, L.P.	Naperville	Lessor
				Butterfield Health		
See Schedule 6C	See Schedule 6C	Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Care Group, Inc.	Bolingbrook	Management Co.
				Seneca Building		
				Limited Partnership	Des Plaines	Lessor

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES
 ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V		\$			\$	\$
2	V						
3	V						
4	V						
5	V		2,599,153	MMN Partners, L.P. (Page 6A)	100.00%	1,811,676	(787,477)
6	V						
7	V		132,751	Butterfield Health Care Group, Inc. (Page 6B)	100.00%	59,877	(72,874)
8	V						
9	V						
10	V						
11	V						
12	V						
13	V						
14	Total		\$ 2,731,904			\$ 1,871,553	\$ * (860,351)

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning: 01/01/03

Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Services	\$	MMN Partners, L.P.	100.00%	\$ 24,772	\$ 24,772
16	V	20 Fees & Subscriptions		MMN Partners, L.P.	100.00%	600	600
17	V	26 Insurance-Prop, Liab, Malpractice		MMN Partners, L.P.	100.00%	27,883	27,883
18	V	30 Depreciation		MMN Partners, L.P.	100.00%	343,121	343,121
19	V	32 Interest Expense	15,453	MMN Partners, L.P.	100.00%	903,861	888,408
20	V	33 Real Estate Taxes		MMN Partners, L.P.	100.00%	232,268	232,268
21	V	34 Rent	2,583,700	MMN Partners, L.P.	100.00%		(2,583,700)
22	V	36 Mortgage Insurance		MMN Partners, L.P.	100.00%	98,586	98,586
23	V	43 Loss on Refinancing of Debt		MMN Partners, L.P.	100.00%	180,585	180,585
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 2,599,153			\$ 1,811,676	\$ * (787,477)

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning: 01/01/03

Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Management Fees	\$ 132,751	Butterfield Health Care Group, Inc.	100.00%	\$	\$ (132,751)
16	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	3,226	3,226
17	V	20 Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	100	100
18	V	21 Clerical & General Office Expenses		Butterfield Health Care Group, Inc.	100.00%	1,177	1,177
19	V	22 Empl. Benefits & Payroll Taxes		Butterfield Health Care Group, Inc.	100.00%	51,646	51,646
20	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	2,029	2,029
21	V	25 Other Admin. Staff Transportation		Butterfield Health Care Group, Inc.	100.00%	782	782
22	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	646	646
23	V	34 Rent Facility and Grounds		Butterfield Health Care Group, Inc.	100.00%	218	218
24	V	43 Other (Non-Allowable Expenses)		Butterfield Health Care Group, Inc.	100.00%	53	53
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 132,751			\$ 59,877	\$ * (72,874)

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Butterfield Health Care II, Inc.
D/B/A Meadowbrook Manor-Naperville
Provider #0041285
12/31/2003

Schedule 6C

VII. Section A. - Related Parties - Column 1 (Owners)

Name	Ownership %
Robert Jafari	25.00%
Kianoosh Jafari	25.00%
Decendants S Corp Trust F/B/O Sean William Dimas	6.67%
Decendants S Corp Trust F/B/O Sasha Eva Dimas	6.67%
Decendants S Corp Trust F/B/O Ashley Maria Dimas	6.66%
Nicholas Vangel	20.00%
Eva Dimas Estate	10.00%
	<u>100.00%</u>

See Accountants' Compilation Report

Facility Name & ID Number Meadowbrook Manor-Naperville # 0041285 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Jafari	Stockholder	Executive Director	25.00	72,278	18	45.00	Salary	\$ 59,872	L.17, C.1	1
2	Nicholas Vangel	Stockholder	Executive Director	20.00	41,468	18	45.00	Salary	1,275	L.17, C.1	2
3	Christopher Vangel	Operating Spvr	Administrative	0.00	31,256	18	45.00	Salary	26,254	L.17, C.1	3
4	Kianoosh Jafari	Stockholder	Medical Director	25.00	12,040	18	45.00	Med. Dir. Fee	11,000	L.9, C.3	4
5	Sean Dimas	Stockholder	Administrative	6.67	35,235	0	0.00	N/A	0	N/A	5
6											6
7	Note 1- Robert Jafari and Christopher Vangel received compensation from only one other nursing home which was										7
8	Butterfield Health Care, Inc. d/b/a Meadowbrook Manor										8
9	Note 2- Nicholas Vangel received \$39,950 of Directors Fees from Seneca Nursing Home, Inc. d/b/a Lee Manor and										9
10	\$1,518 of salaries from Butterfield Health Care, Inc. d/b/a Meadowbrook Manor										10
11	Note 3- Kianoosh Jafari received \$12,040 of Medical Director Fees from Butterfield Health Care, Inc. d/b/a Meadowbrook Manor										11
12	Note 4- Sean Dimas received \$35,235 of salaries from Seneca Nursing Home, Inc. d/b/a Lee Manor										12
13								TOTAL	\$ 98,401		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning:

01/01/03

Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Butterfield Health Care Group, Inc.

Street Address 4 N 645 School Rd.

City / State / Zip Code St. Charles, IL 60175

Phone Number (630) 443-8238

Fax Number (630) 443-9379

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
19	Professional Services	Resident Days	157,901	2	\$ 7,069	\$ 0	72,084	\$ 3,226	1
20	Fees & Subscriptions	Resident Days	157,901	2	220	0	72,084	100	2
21	Clerical & General Office Exp.	Resident Days	157,901	2	2,576	0	72,084	1,177	3
22	Empl. Benefits & Payroll Taxes	Resident Days	157,901	2	113,130	0	72,084	51,646	4
24	Travel & Seminar	Resident Days	157,901	2	4,445	0	72,084	2,029	5
25	Other Admin. Staff Trans.	Resident Days	157,901	2	1,712	0	72,084	782	6
30	Depreciation	Resident Days	157,901	2	1,415	0	72,084	646	7
34	Rent Facility and Grounds	Resident Days	157,901	2	477	0	72,084	218	8
43	Other (Non-Allowable Expenses)	Resident Days	157,901	2	116	0	72,084	53	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 131,160	\$		\$ 59,877	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor-Naperville# 0041285

Report Period Beginning:

01/01/03

Ending:

12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3		4		5		6		7		8		9		10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense								
		YES	NO				Original	Balance											
	A. Directly Facility Related																		
	Long-Term																		
1	Bank One		X	Mortgage	\$115,000.00	08/31/98	\$	14,275,000	\$	02/28/08	0.0750	\$	338,697	1					
2	Bank One		X	2nd Mortgage	Interest Only	01/01/02		5,200,000		11/30/03	0.0303		38,528	2					
3	Bank One		X	Amortization of Loan Costs	N/A								1,945	3					
4	Cambridge Realty Cap of IL		X	Mortgage		05/22/03		16,320,000	16,237,591	06/01/38	0.0525		522,342	4					
5	Cambridge Realty Cap of IL		X	Amortization of Loan Costs	N/A								2,349	5					
	Working Capital																		
6	Bank One		X	Working Capital	N/A	05/06/98		667,534		02/28/08	0.0750		17,923	6					
7	Shareholder Loans	X		Working Capital	N/A	05/31/03		1,665,000	1,665,000	Demand	Prime		51,063	7					
8	Shareholder Loans	X		Working Capital	N/A	01/01/96		864,052	864,052	Demand	None			8					
9	TOTAL Facility Related				\$115,000.00		\$	38,991,586	\$	18,766,643			\$	972,847	9				
	B. Non-Facility Related*																		
10														10					
11								Offset Interest Income					(20,588)	11					
12								Offset Related Party Interest Expense					(30,475)	12					
13														13					
14	TOTAL Non-Facility Related							\$		\$			\$	(51,063)	14				
15	TOTALS (line 9+line14)							\$	38,991,586	\$	18,766,643			\$	921,784	15			

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 98,586 Line # 36* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number **Meadowbrook Manor-Naperville**# **0041285**Report Period Beginning: **01/01/03**

Ending:

12/31/03**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. </div>																											
1. Real Estate Tax accrual used on 2002 report.		\$ 240,000	1																								
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2002	\$ 230,268	2																								
3. Under or (over) accrual (line 2 minus line 1).		\$ (9,732)	3																								
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 242,000	4																								
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5																								
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6																								
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 232,268	7																								
Real Estate Tax History:																											
Real Estate Tax Bill for Calendar Year:	<table border="1"> <tr><td>1998</td><td>241,423</td><td>8</td></tr> <tr><td>1999</td><td>242,819</td><td>9</td></tr> <tr><td>2000</td><td>255,167</td><td>10</td></tr> <tr><td>2001</td><td>243,276</td><td>11</td></tr> <tr><td>2002</td><td>230,268</td><td>12</td></tr> </table>	1998	241,423	8	1999	242,819	9	2000	255,167	10	2001	243,276	11	2002	230,268	12	<table border="1"> <tr><td colspan="2">FOR OHF USE ONLY</td></tr> <tr><td>13</td><td>FROM R. E. TAX STATEMENT FOR 2002 \$</td></tr> <tr><td>14</td><td>PLUS APPEAL COST FROM LINE 5 \$</td></tr> <tr><td>15</td><td>LESS REFUND FROM LINE 6 \$</td></tr> <tr><td>16</td><td>AMOUNT TO USE FOR RATE CALCULATION \$</td></tr> </table>	FOR OHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2002 \$	14	PLUS APPEAL COST FROM LINE 5 \$	15	LESS REFUND FROM LINE 6 \$	16	AMOUNT TO USE FOR RATE CALCULATION \$
1998	241,423	8																									
1999	242,819	9																									
2000	255,167	10																									
2001	243,276	11																									
2002	230,268	12																									
FOR OHF USE ONLY																											
13	FROM R. E. TAX STATEMENT FOR 2002 \$																										
14	PLUS APPEAL COST FROM LINE 5 \$																										
15	LESS REFUND FROM LINE 6 \$																										
16	AMOUNT TO USE FOR RATE CALCULATION \$																										
2002 Tax Bill	230,268																										
Estimated Increase	1.05																										
Total	241,781																										
Use	242,000																										

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadowbrook Manor-Naperville COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0041285

CONTACT PERSON REGARDING THIS REPORT Larry Templin

TELEPHONE (630) 759-1112 FAX #: (630) 759-4406

A. Summary of Real Estate Tax Costs

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	07-14-113-001	Nursing Home	\$ 230,268.00	\$ 230,268.00
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$ <u>230,268.00</u>	\$ <u>230,268.00</u>

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

See Accountants' Compilation Report

A. Square Feet:

109,175

B. General Construction Type:

Exterior

Brick

Frame

Steel

Number of Stories

3

C. Does the Operating Entity?

☐ (a) Own the Facility
 ☒ (b) Rent from a Related Organization.
 ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity?

☒ (a) Own the Equipment
 ☒ (b) Rent equipment from a Related Organization.
 ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES
 ☒ NO

If so, please complete the following:

1. Total Amount Incurred:

N/A

2. Number of Years Over Which it is Being Amortized:

N/A

3. Current Period Amortization:

N/A

4. Dates Incurred:

N/A

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Resident Care	148,410	1996	\$ 279,600	1
2					2
3	TOTALS	148,410		\$ 279,600	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	245	1996	1996	\$ 9,863,922	\$	40	\$ 246,598	\$ 246,598	\$ 1,954,642
5									
6									
7									
8									
Improvement Type**									
9	Landscaping Improvements	1996		22,797	1,140	15	1,520	380	10,640
10	Fence	1996		5,500	550	15	367	(183)	2,899
11	Land Improvements	1996		12,824		40	320	320	2,535
12	Doors	1997		5,961	596	20	298	(298)	1,937
13	Landscaping Improvements (Shrubs, Trees, Evergreens)	1998		22,729	1,136	20	1,136		6,248
14	Leasehold Improvements (Air Ductwork, Dampers, Chimney	2001		4,425	113	20	221	108	553
15	Electrical Work-Dialysis Room	2002		4,024	403	20	201	(202)	301
16	Lockinvar Burner	2002		3,584	358	20	180	(178)	270
17	Fence	2002		1,465	146	20	74	(72)	111
18	Signs	2002		2,775	278	20	137	(141)	207
19	Exterior Signs/Electrical Work for Signs	2003		7,595	380	20	190	(190)	190
20	Plumbing for Dialysis Room	2003		16,529	825	20	413	(412)	413
21	Install 7 Doors	2003		3,433	172	20	86	(86)	86
22	Sealcoat Parking Lot	2003		3,000	150	20	75	(75)	75
23	Install Vents in Oxygen Room	2003		2,061	104	20	52	(52)	52
24	Replace Monitors and Multiplexer for Fire Alarms	2003		1,890	94	20	47	(47)	47
25	Install Fire Alarm Sensors	2003		9,517	476	20	238	(238)	238
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 9,994,031	\$ 6,921		\$ 252,153	\$ 245,232	\$ 1,981,444	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,235,481	\$ 29,529	\$ 125,732	\$ 96,203	5-10Yrs	\$ 931,265	71
72	Current Year Purchases	4,317	216	216		10 Yrs	216	72
73	Fully Depreciated Assets	48,464				5-10 Yrs	48,464	73
74	Allocated from Management Co.			646	646	5-10 Yrs		74
75	TOTALS	\$ 1,288,262	\$ 29,745	\$ 126,594	\$ 96,849		\$ 979,945	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,561,893	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 36,666	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 378,747	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 342,081	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,961,389	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88	N/A				88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93		N/A	93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

PLEASE ENTER ONLY DATES IN CELLS W16 AND W17

If NO, see instructions.

☐ YES ☒ NO

Ending	N/A
--------	-----

14. _____ /2006 \$ _____

by the length of the lease .

☐ YES ☒ NO

(Attach a schedule detailing the breakdown of movable equipment)

**** This amount plus any amortization of lease expense must agree with page 4, line 34.**

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
		IN-HOUSE PROGRAM <input checked="" type="checkbox"/>	IN-HOUSE PROGRAM <input checked="" type="checkbox"/>
		IN OTHER FACILITY <input type="checkbox"/>	IN OTHER FACILITY <input type="checkbox"/>
		COMMUNITY COLLEGE <input type="checkbox"/>	HOURS PER AIDE <u>80</u>
		HOURS PER AIDE <u>120</u>	

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments		4,680		4,680
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$ 4,680	\$	\$ 4,680
10	SUM OF line 9, col. 1 and 2 (e)	\$	4,680		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	8
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	8

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.
SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
					Units	Cost				
1	Licensed Occupational Therapist	L. 10A, C. 3	hrs	\$	4,152	\$ 269,850	\$	4,152	\$ 269,850	1
2	Licensed Speech and Language Development Therapist	L. 10A, C. 3	hrs		1,440	87,075		1,440	87,075	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L. 10A, C. 2&3	hrs		5,032	327,056	1,692	5,032	328,748	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L. 39, C. 2	# of prescripts				297,609		297,609	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$	10,624	\$ 683,981	\$ 299,301	10,624	\$ 983,282	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Meadowbrook Manor-Naperville

Provider #: 0041285

01/01/03 to 12/31/03

Schedule 16A

XIV. Special Services

Line 13 Other (specify):

Service	Line Reference	Outside Practioner Units	Cost	Supplies
	L39, C3			
	L39, C3			
	L39, C3			
	L39, C3			
Total			0	0

See Accountants' Compilation Report

STATE OF ILLINOIS

Page 17

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning: 01/01/03

Ending:

12/31/03

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/03

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 270,971	\$ 1,196,558	1
2	Cash-Patient Deposits	33,266	33,266	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 160,000)	2,951,999	2,951,999	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	133,673	265,737	6
7	Other Prepaid Expenses	13,755	13,755	7
8	Accounts Receivable (owners or related parties)	220,000	459,882	8
9	Other(specify): <u>Employee Advances</u>	4,000	4,000	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,627,664	\$ 4,925,197	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		279,600	13
14	Buildings, at Historical Cost		9,876,746	14
15	Leasehold Improvements, at Historical Cost	117,285	117,285	15
16	Equipment, at Historical Cost	324,438	1,288,262	16
17	Accumulated Depreciation (book methods)	(244,616)	(2,961,389)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify) <u>Loan Costs</u>		167,501	22
23	Other(specify): <u>Mortgage Escrows</u>		697,682	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 197,107	\$ 9,465,687	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,824,771	\$ 14,390,884	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 557,850	\$ 558,188	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	49,530	49,530	28
29	Short-Term Notes Payable	2,529,052	2,529,052	29
30	Accrued Salaries Payable	284,215	284,215	30
31	Accrued Taxes Payable (excluding real estate taxes)	15,800	15,800	31
32	Accrued Real Estate Taxes(Sch.IX-B)		242,000	32
33	Accrued Interest Payable		71,039	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule 17A</u>	87,895	311,368	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,524,342	\$ 4,061,192	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		16,237,591	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 16,237,591	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,524,342	\$ 20,298,783	46
47	TOTAL EQUITY (page 18, line 24)	\$ 300,429	\$ (5,907,899)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,824,771	\$ 14,390,884	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

Butterfield Health Care II, Inc.
d/b/a Meadowbrook Manor-Naperville
Provider #0041285
12/31/2003

Schedule 17A

XV. Balance Sheet

Current Liabilities

Line 36 - Other Current Liabilities

	Operating	After Consolidation
Resident Credit Balances	258,424	258,424
Accrued Rent	(223,473)	
Due to State of Illinois	52,944	52,944
Total Line 36 Other Current Liabilities	87,895	311,368

See Accountants' Compilation Report

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,603,071	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,603,071	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(538,744)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(763,898)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,302,642)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 300,429	24 *

Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 19

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning: 01/01/03

Ending:

12/31/03

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 10,300,249	1
2	Discounts and Allowances for all Levels	(1,603,078)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,697,171	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,719,097	6
7	Oxygen	1,442	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,720,539	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements	1,793	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	31,270	13
14	Non-Patient Meals	4,004	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	297,609	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	4,036	19
20	Radiology and X-Ray	6,715	20
21	Other Medical Services	137,390	21
22	Laundry	4,900	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 487,717	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	5,135	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,135	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Wheelchair Revenue	3,817	28
28a	Miscellaneous Income	2,003	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,820	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,916,382	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,561,027	31
32	Health Care	4,689,721	32
33	General Administration	1,837,485	33
	B. Capital Expense		
34	Ownership	2,692,369	34
	C. Ancillary Expense		
35	Special Cost Centers	540,386	35
36	Provider Participation Fee	134,138	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,455,126	40
41	Income before Income Taxes (line 30 minus line 40)**	(538,744)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (538,744)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.
The Nursing Home is a Cash Basis Taxpayer

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning: 01/01/03

Ending:

12/31/03

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,861	2,102	\$ 90,019	\$ 42.83	1
2	Assistant Director of Nursing	1,950	2,166	60,362	27.87	2
3	Registered Nurses	27,352	28,695	709,832	24.74	3
4	Licensed Practical Nurses	26,555	27,732	665,524	24.00	4
5	Nurse Aides & Orderlies	113,977	119,479	1,423,969	11.92	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	9,623	11,549	160,140	13.87	8
9	Activity Director					9
10	Activity Assistants	9,696	10,077	92,544	9.18	10
11	Social Service Workers	5,496	6,113	84,891	13.89	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	39,014	42,086	371,394	8.82	15
16	Dishwashers					16
17	Maintenance Workers	4,575	4,911	63,970	13.03	17
18	Housekeepers	29,903	31,799	223,101	7.02	18
19	Laundry	8,186	8,858	64,470	7.28	19
20	Administrator	2,024	2,280	67,062	29.41	20
21	Assistant Administrator	1,816	2,080	42,168	20.27	21
22	Other Administrative	2,764	2,960	131,588	44.46	22
23	Office Manager					23
24	Clerical	14,987	15,973	262,232	16.42	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,619	1,754	25,286	14.42	31
32	Other Health Care(specify)					32
33	Other(specify) See Sch 20A	15,523	17,276	304,779	17.64	33
34	TOTAL (lines 1 - 33)	316,921	337,890	\$ 4,843,331 *	\$ 14.33	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	274	\$ 10,950	L. 1, C. 3	35
36	Medical Director	Monthly	35,000	L. 9, C. 3	36
37	Medical Records Consultant	42	2,309	L. 10, C. 3	37
38	Nurse Consultant	430	19,430	L. 10, C. 3	38
39	Pharmacist Consultant	151	6,020	L. 10, C. 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,592	L. 11, C. 3	44
45	Social Service Consultant	17	910	L. 12, C. 3	45
46	Other(specify)				46
47	Quality Assurance	65	4,000	L. 10, C. 3	47
48					48
49	TOTAL (lines 35 - 48)	1,027	\$ 81,211		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses		N/A		51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

Butterfield Health Care II, Inc.
D/B/A Meadowbrook Manor-Naperville
Provider #0041285
12/31/2003

Schedule 20A

XVIII. Staffing and Salary Costs
Line 32-Other

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Nursing Administration	12,587	14,182	256,800	18.11
Central Supply	859	950	16,097	16.94
Dialysis	776	804	11,209	13.94
Ward Clerks	831	842	8,418	10.00
Marketing Director	470	498	12,255	24.61
Total Line 32-Other	15,523	17,276	304,779	17.64

See Accountants' Compilation Report

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				Ownership		D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description	Amount	Description	Amount				
Donna Sprinkle	Director of Operations	0	\$ 44,187	Workers' Compensation Insurance	\$ 132,198	IDPH License Fee	\$				
Ralph Ricana	Administrator	0	67,062	Unemployment Compensation Insurance	43,626	Advertising; Employee Recruitment	15,101				
Christine Thompson	Asst. Administrator	0	42,168	FICA Taxes	361,366	Health Care Worker Background Check (Indicate # of checks performed <u>150</u>)	1,500				
Robert Jafari	Executive Director	25	59,872	Employee Health Insurance	171,675	Illinois Council on Long Term Care	9,136				
Nicholas Vangel	Executive Director	20	1,275	Employee Meals		Miscellaneous Fees & Permits	1,081				
Christopher Vangel	Operating Supervisor	0	26,254	Illinois Municipal Retirement Fund (IMRF)*		Inspections	1,600				
				Employee Appreciation Meals	7,322	Misc. Dues & Subscriptions	877				
				401k Contribution	8,729	Yellow Page Advertising	40,466				
				Training and Education	2,720	Allocation from Management Co.	100				
				Other Employee Benefits	18,101	Less: Public Relations Expense	(
						Non-allowable advertising	(
						Yellow page advertising	(40,466)				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 240,818			TOTAL (agree to Sch. V, line 20, col. 8)	\$ 29,395				
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)				\$ 745,737			
Description			Amount	E. Schedule of Non-Cash Compensation Paid to Owners or Employees							
Management Fees (Eliminated in Column 7)			\$ 132,751	Description	Line #	Amount	G. Schedule of Travel and Seminar**				
						\$	Description	Amount			
							Out-of-State Travel	\$			
				N/A			In-State Travel				
							Seminar Expense				
See Schedule 21A			175,757				See Schedule 21B	4,294			
							Entertainment Expense	(
							(agree to Sch. V, line 24, col. 8)				
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 132,751	TOTAL		\$	TOTAL	\$ 4,294			
C. Professional Services											
Vendor/Payee	Type		Amount								
			\$								

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

****See instructions.**

Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor-Naperville
 Provider # 0041285
 December 31, 2003

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Vendor/Payee	Type	Amount
Freedman, Anselmo, Lindberg & Rappe	Collections	(416)
Wildman, Harrold Allen & Dixon	Legal	2,657
Schiff, Hardin & Waite	Legal	29,743
Seyfarth Shaw	Legal	49,806
Ariano, Hardy, Nyuli & Johnson	Legal	2,415
Laner, Muchin, Dombrow	Legal	6,695
Ciardelli & Cummings	Legal	2,500
Day & Robert	Legal	4,448
Systematic Management Systems	Billing Consultant	9,605
Altschuler, Melvoin & Glasser LLP	Accountants	18,345
American Express Tax & Business Services	Accountants	7,723
Peterek & Howse LLP	Accountants	2,750
SAS Architects & Planners	Architects	4,967
Nursing Resource	Employment Fees	10,000
Richard Peelo & Associates	Billing Consultant	4,500
Personnel Planners, Inc.	Unemployment Consultant	1,551
New England Financial	Employee Benefit Plan Administrator	1,181
Morton Cohen	Pharmacy Cost Consultant	3,300
Health Data Systems , Inc	Computer Services	5,071
Health Outcomes Management , Inc	Computer Services	5,740
MEDI.COM	Computer Services	1,824
Precision Repair	Computer Services	261
Mutual of Omaha-Medicare	Computer Services	868
Priority Computer Services	Computer Services	223
 Total (agree to Schedule V, line 19, column 3)		 175,757
 Non-allowable legal expense		 (2,005)
 MMN Partners, L.P.		
American Express Tax & Business Service	Accountants	22,530
 Wildman, Harrold Allen & Dixon	Legal	 1,941
Harris, Kessler & Goldstein	Legal	301
 Allocation from Management Company:		
Schiff, Hardin & Waite	Legal	740
American Express Tax & Business Service	Accountants	722
Peterek & Howse LLP	Accountants	690
Paychex	Payroll Processing	953
MSI Detective Services	Detective Fees	121
Non-allowable Legal		(740)
 Total (agree to Schedule V, line 19, column 8)		 <u>201,010</u>

See Accountants' Compilation Report

Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor-Naperville
 Provider # 0041285
 December 31, 2003

Schedule 21B

Month	Description	Amount	Location	Employee	Seminar Title
January-03	Illinois Council on LTC	\$75.00	Lincolnwood	R. Ricana	Medicare Coverage 101
January-03	Illinois Council on LTC	\$75.00	Oak Lawn	T. Sema	Medicare Coverage 101
January-03	Illinois Council on LTC	\$75.00	Lincolnwood	D. Sprinkle	Medicare Coverage 101
January-03	Alzheimers Association	\$30.00	Skokie	D. Sprinkle	Alzheimer's Disease:From Research to Revelation
February-03	Linda Roberts	\$65.00	Lincolnwood	K. Karanth	Dietary Seminar
March-03	Oakton Community College	\$320.00	Skokie	L. Bienes	Activity Director Course
March-03	Illinois Council on LTC	\$75.00	Lincolnwood	C. Thompson	Creative Strategies for Increasing Your Census
March-03	Illinois Council on LTC	\$75.00	Lincolnwood	S. Braun	Creative Strategies for Increasing Your Census
March-03	Illinois Council on LTC	\$75.00	Lincolnwood	D. Sprinkle	Creative Strategies for Increasing Your Census
March-03	Neighbor Care	\$40.00	Naperville	Chona Alvarez	Infection Prevention & Control
March-03	Neighbor Care	\$40.00	Naperville	L. Atanoso	Infection Prevention & Control
March-03	Illinois Council on LTC	\$75.00	Lincolnwood	R. Ricana	Show Me the MDS Difference
May-03	Illinois Council on LTC	\$75.00	Lincolnwood	M. Tolentino	Show Me the MDS Difference
May-03	Illinois Council on LTC	\$75.00	Lincolnwood	R. Ricana	Accident Investigation and Analysis
May-03	Illinois Council on LTC	\$75.00	Lincolnwood	R. Bundalian	Accident Investigation and Analysis
May-03	Illinois Council on LTC	\$75.00	Lincolnwood	D. Sprinkle	Accident Investigation and Analysis
September-03	Cynthia Chow & Associates	\$80.00	Chicago	K. Karanth	New Realms of Possibility
September-03	Cynthia Chow & Associates	\$80.00	Chicago	R. Bundalian	New Realms of Possibility
September-03	Cynthia Chow & Associates	\$80.00	Chicago	R. Ricana	New Realms of Possibility
October-03	Illinois Council on LTC	\$95.00	Lincolnwood	R. Ricana	Preventing and Handling Aggressive Behavior
October-03	Illinois Council on LTC	\$95.00	Lincolnwood	D. Sprinkle	Preventing and Handling Aggressive Behavior
October-03	Illinois Council on LTC	\$95.00	Lincolnwood	C. Thompson	Preventing and Handling Aggressive Behavior
October-03	Illinois Council on LTC	\$95.00	Lincolnwood	R. Terrill	Preventing and Handling Aggressive Behavior
October-03	Illinois Council on LTC	\$95.00	Lincolnwood	C. Vangel	Preventing and Handling Aggressive Behavior
October-03	Alzheimers Association	\$40.00	Skokie	C. Thompson	Practical Caregiving Strategiesfor Culturally Sensitive Dimentia Care
November-03	Illinois Council on LTC	\$95.00	Lincolnwood	C. Thompson	Conducting Violence Prevention Assessments
November-03	Illinois Council on LTC	\$95.00	Lincolnwood	R. Ricana	Conducting Violence Prevention Assessments

Total - allowable travel & seminar \$2,265.00

Allocation from Management Co.

February-03	Practice Builders (Robert Jafari)	\$453.00	Chicago	R. Jafari	Practice Builders
May-03	Illinois CPA Foundation	\$146.00	Oak Brook	L. Templin	Long Term Care Conference
May-03	Cross Country University	\$128.00	Oak Lawn	T. Sema/D. Chew	Medicare Part A & B Reimbursement for SNF's and Subacute
May-03	Adminastar Federal	\$46.00	Rosemont	.. Templin/D. Chev	Medicare as a Secondary Payor
November-03	Lombard Mennonite Peace Cente	\$1,256.00	Lisle	All Dept. Heads	Conflict Transformation Skills for the Workplace

Total Allocated from Management Company \$2,029.00

See Accountants' Compilation Report

Total Travel & Seminar \$4,294.00

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7							N/A						
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor-Naperville

STATE OF ILLINOIS

0041285

Report Period Beginning:

01/01/03

Ending:

Page 23

12/31/03

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN, LPN, NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Council on Long Term Care \$9,136
- (3) Did the nursing home make political contributions or payments to a political organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 66,290 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 134,138
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit: on Schedule V. \$ None Has any meal income been offset against related costs? Yes Indicate the amount. \$ 4,004
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0%
d. Have vehicle usage logs been maintained? Adequate records have been maintained.
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

RECONCILIATION REPORT

Meadowbrook Manor-N:

12:35 PM

11/04/05

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB- SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB- SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-1,348,706	equal to	-1,348,706	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	921,784	equal to	921,784	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	232,268	equal to	232,268	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	378,747	equal to	378,747	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	218	equal to	218	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	3,017	equal to	3,017	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	4,680	equal to	4,680	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv. - Staff Wages		equal to	0	#VALUE!	#VALUE!	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	685,673	equal to	703,159	-17,486	FAILED	Pg16 Z12+Z14...	N/A/B	1-4,40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv. - Supplies	299,301	equal to	299,301	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	1,561,027	equal to	1,561,027	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	4,689,721	equal to	4,689,721	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	1,837,485	equal to	1,837,485	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	2,692,369	equal to	2,692,369	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	540,386	equal to	540,386	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+†	N/A	38to41+43	4
Income Stat. Prov. Partic.	134,138	equal to	134,138	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	2,974,992	equal to	3,427,656	-452,664	FAILED	Pg20 K11..K15+	N/A	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	92,544	equal to	92,544	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	84,891	equal to	84,891	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	371,394	equal to	371,394	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	63,970	equal to	63,970	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	223,101	equal to	223,101	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	64,470	equal to	64,470	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	240,818	equal to	240,818	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	262,232	equal to	262,232	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	4,843,331	equal to	4,843,331	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	10,950	< or = to	10,950	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	35,000	< or = to	35,000	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	27,759	< or = to	52,332	-24,573	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	2,592	< or = to	2,592	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	910	< or = to	910	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	240,818	equal to	240,818	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	132,751	equal to	132,751	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	175,757	equal to	175,757	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	745,737	equal to	745,737	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	29,395	equal to	29,395	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	4,294	equal to	4,294	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	134,138	equal to	134,138	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	None	< or = to	51,646	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	None	equal to	0	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	7,316	equal to	7,943	-627	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-960,351	equal to	-1,720,702	860,351	FAILED	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4†	B.	14	8
Total loan balance	18,766,643	equal to	18,766,643	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	242,000	equal to	242,000	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	279,600	equal to	279,600	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	9,994,031	equal to	9,994,031	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	1,288,262	equal to	1,288,262	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	2,961,389	equal to	2,961,389	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	300,429	equal to	300,429	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-538,744	equal to	-538,744	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	3,824,771	equal to	3,824,771	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

Office Cost Center Expenses	VENDOR CHARGES THE SUPPORT CLERK TOTAL \$10,000 TO THE COUNCILMAN	7/1/2016	12:30:43 PM
	Account Name	Headline/Invoice Number/Regionality	
Cost center report:			Base Number:
If this is an OFD or IS facility, enter a 1 in cell C	(%)(%)	(%)	%
Command label:	89,225.00 expenses	72,000 Pct of responsibility	80.81%
Direct Public Aid Support/Fund	\$		
Civil Services Salary/Wage	702,000 (Cat 1, Line 8 - (check))		
Civil Admin Salary/Wage	393,000 (Cat 1, Line 28 - (check))		
Total Salary Wage	4,603,300 (Cat 1, Line 40 - (check))		
Employee Benefits	746,700 (Cat 1, Line 32 - (check))		
Total General Services	1,007,000 (Cat 1, Line 38 - (check))		
Total General	1,706,000 (Cat 1, Line 39 - (check))		

[illegible]

Convert the beginning and ending dates of your road-reporting period (page 1, Schedule C of your road report) into numbers and apply the following formula:

Beginning Month + Ending Month	12 divided by 2 =	6
Beginning Day + Ending Day	32 divided by 62.4 =	0.5129
Beginning Year + Ending Year +	206 multiplied by 6 =	1236

Sum of the three items

Subtract from the sum

1236.5129

1236.5129

1236.5129

1	Monthly New Total General Services Cost (See Step 1.c) by the appropriate multiplier from Table 1	
	New Total General Services Cost (Steps 1.a)	\$1,000,000
	General Services Multiplier (Step 1.b)	
	Updated General Services Cost	
2	Monthly New Total General Administration Cost (See Step 1.c) by the appropriate multiplier from Table 1	
	New Total General Administration Cost (Steps 2.a)	\$200,000
	General Administration Multiplier (Step 2.b)	
	Updated General Services Cost	
3	Total Updated Support Costs (1 + 2)	

6	<p>If the occupancy is higher 30 percent, calculate 83 percent after the increase and 2,000 (2,000 - 300 = 1,700). Example 10.2 (Continued 4, line 7). Then subtract the total patient days from the total available patient days (2,000 - 1,700 = 300). Example 10.2 (Continued 4, line 10). Use this total and the available rate of the day of the difference. Then calculate the rate difference for the total patient days to arrive at your adjusted occupancy. Note: since you used a lower occupancy rate (83 percent), it is almost always your adjusted occupancy.</p>	
	<p>Occupancy Based Days Available Days Minus total Patient Days</p>	<p>2,000 1,700 300</p>
	<p>One-third of difference Plus Total Patient Days</p>	<p>100 2,000</p>
	<p>Adjusted Occupancy</p>	<p>96.67%</p>
	<p>Total Service Days (Days A, C, & D, above) Less: Occupancy Based Days Adjusted Occupancy</p>	<p>\$2,100,000 2,000 1050.00</p>

4. Your support rate per plan hour from STEP is \$2.00. Is it equal to or greater than the percentage for your HSA? (If not, then your support rate is the "750 percentage" value in Table 1.)

5. Your support rate per plan hour from Step 5 is equal to or greater than the percentage for your HSA? (If not, then your support rate is the "750 percentage" value in Table 1.)

6. Your support rate per plan hour from Step 6 is equal to or greater than the percentage for your HSA? (If not, then your support rate is the "750 percentage" value in Table 1.)

7. Your support rate per plan hour from Step 7 is equal to or greater than the percentage for your HSA? (If not, then your support rate is the "750 percentage" value in Table 1.)

8. Use the following information to calculate your rate

8.1 Percentage Rate for your HSA	0.00%
Minimum Support Rate Per Hour	0.00%
Difference	0.00%
Multiply the Difference by	50
One-half of the Difference	0.00%
Plus Support Rate Per Hour	0.00%
Support Rate (ranks are between 50th and 75th percentile)	0.00%

	YOUR FIRM'S TOTAL SUPPORT RATE from A, B, or C also	4000
75th Percentile in		4000
10th Percentile in		4000

[illegible]

Return 2006

Price/Cash
4.400
3.750
3.600
3.750
3.400
4.000
4.000
4.500
4.700
3.800
3.800

Capital Data

Change your Character!

YOU HAVE CHOSEN THE CAPITAL CALC. THAT IS LIMITED TO THE COST-BENEFIT RATIO

12:55:53 PM

Breakdown Masses Available

10/1/2024

USA No.

0

Own or Rent? (Or R)

Own or Rent Beginning

If RENTED, have facilities been continuously rented from an unrelated party since prior to January 1, 1975 (Y or N)?

N

Cost Report File

10/1/2024

Licensed Beds

365

Total Patient Days

72,584

Enroll

10/1/2024

Admitted Bed Days

69,761

Discharge Days

69,761

1989 Property Tax COST

(Actual dollar amount 1989 basis)

1989 Property Tax RATE

(Report dollar amount divided by 1989 enrolled beds)

FY 1991 Capital Rate

(From form 991)

CAPITAL CALCULATIONS

A. Determine the base year for your building from Work Table A

B. Determine the Building Specific Historical cost per bed

C. Obtain the Uniform Building Value from Table 1

D. The capital rate will be calculated through a blending of the uniform building value from cost D and the building specific historical cost per bed from Line B3

E. Building specific historical cost from Line B3

F. Multiplying the per bed historical value from step E by the applicable rate of return to obtain the building rate factor. (The rate of return is 11% for 1975 and later base years and 8 1/2% for 1975 and older base years.)

G. Add Lines F & G to obtain the preliminary capital rate

H. Add Lines F & G to obtain the preliminary capital rate

I. Implementations Capital Rate. (This step does not apply if the facility was last constructed or purchased after FY 1991.)

J. Property Tax

K. Property Taxes are taken from the Long Term Care Property Tax Department which was submitted to the Department of Public Aid during FY 1991. Reimbursements for non-adult beds is based upon the actual 1991 taxes for which the housing forms were assessed. The formula used is a Ratio:

L. Property Tax Capital Rate from Long Term Care Property Tax Department, Column (C, Taxes)

M. Equalize the Direct Cost

N. Total Property Tax (Table 3)

O. Equalize Property Tax Cost

P. Capital Rate

Q. Total Licensed Bed Days - B3

R. Capital Rate (equal of Lines P & Q)

S. Total Capital Rate for FY 94

T. Enter the greater of the straightened capital rate from Line R or the straightened capital rate from Line S

U. Add Property Tax from Line S

V. Total capital rate (sum Lines T & U)

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23 Provider Participation fee is linked from page 4